impossible the lung should be drawn into the wound and the two pleural surfaces securely fastened together before the opening is made in the lung.

A thoracotomy is usually necessary as a preliminary operation. The extent should be governed by the depth of the point to be reached and the area of lung to be explored. It should be planned with the idea of future drainage in view. The most practical sign in operating as a guide to the actual lesion is consolidation and the sense of fibrous resistance met with by the exploring finger. The symptoms of a former localized pleurisy are the guides to the detection of the area in which adherences will be found. The resisting and recuperative powers of the individual are factors that should be carefully considered in selecting cases for operative intervention.

PEDIATRICS.

UNDER THE CHARGE OF

LOUIS STARR, M.D.,
OF PHILADELPHIA,

AND

THOMPSON S. WESTCOTT, M.D.,
OF PHILADELPHIA.

The Curability of Suppurative Cerebro-spinal Meningitis.—NETTER (*Société médicale des Hôpitaux*, May 11, 1900; *Annales de Médecine et Chirurgie Infantiles*, July 1, 1900) is disposed to regard suppurative cerebro-spinal meningitis as offering satisfactory prospects of cure under the use of the warm bath and repeated lumbar punctures. In the preceding year he had successfully treated six cases, and at the time of reporting had another under private care which was recovering. Four of the cases were treated in his own service in the Hôpital Trousseau and two in the service of his colleague, Josias, in the same hospital.

In all these cases lumbar puncture gave issue to a cloudy liquid which yielded a pale-yellow, purulent deposit after standing, and contained the diplococcus meningitidis of Weichselbaum. With all the cases puncture was repeated once, twice, or more frequently, in one case as many as ten operations having been made. In each case the liquid obtained in the punctures after the first contained habitually a smaller number of organisms, and some times after this proved to be sterile. The fluid, as a rule, became less and less purulent with each succeeding puncture. Even when rarely the liquid of the second puncture was more purulent it was still less rich in microbes Cure was complete in five of the cases. A sixth was left with ankylosis of two joints affected during the course of the disease. The last case was left with labyrinthine disease, the evolution of which at the time could not be predicted. The predominant symptom in all the cases reported was rigidity of the neck. Ocular paralyses were frequent, but were of short duration, and

were followed by complete recovery. Eruptions were in the form of petechiæ, erythema, or herpes.

The duration of the disease was variable, the more rapid cases showing marked improvement after three or four days; others after ten or fifteen days. Two of the cases were very long—one lasting two months, the other more than three months.

The author attributes his successful results above everything to the systematic use of the warm bath, given at a temperature of 100° to 104° F. for from twenty minutes to half an hour, and repeated night and day every three or four hours. His plan of treatment is applicable to both serous and suppurative forms of the disease. He also attaches great importance to lumbar puncture, which he repeats several times during the course of the disease. If the patient could not be induced to take sufficient food subcutaneous injections of serum were regularly employed.

The Diagnosis of Pulmonary Tuberculosis in Childhood.—BERTHERAND, in a recent thesis (*Le Diagnostic de la Tuberculose Pulmonaire chez les Enfants;* analysée par le Dr. Laurent, de Rouen; *Annales de Médecine et Chirurgie Infantiles,* July 1, 1900, p. 437) emanating from the service and the laboratory of Hutinel, discusses the recent advances in the methods of diagnosis in pulmonary tuberculosis in very young children. It is generally accepted that pulmonary involvement is exceptional before the age of three months; and in the first year Hutinel found but four cases in one hundred and two brought to autopsy. After the first year the proportion is much greater, one-third of the cases examined between the ages of one and two years presenting lesions in the lungs, while from two to three years and from three to four years the proportion was even greater. Contagion plays an essential part, heredity having but secondary importance. As to the seat of lesion, the well-known predilection of the bacillus for the apices of the lungs in the adult is not markedly manifested in the young child, the bases being as readily affected, and a generalized distribution of the disease being quite common.

In the young child the disease most frequently begins secondarily to another infection, such as measles, pertussis, or influenza; on the other hand, tuberculosis is simulated by other infectious conditions, such as gastro-intestinal dyspepsia, syphilitic cachexia, and adenoid vegetations.

In nurslings hereditary antecedents may suggest tuberculosis, but furnish no significant indication of its presence. With Kuss, the author held that tuberculosis in infancy is acquired, almost always by inhalation, the greatest danger lying in the infant's contact with phthisical patients; and in virtue of its heredity it is much more apt to present suitable soil for cultivation of the bacillus.

Since the observations of Legroux, communicated to the Congress of Tuberculosis in 1888, great importance must be attached to polyadenitis as an element of the diagnosis. Bertherand has observed generalized micropolyadenitis in the majority of his cases, although this manifestation cannot be considered an essential lesion of the disease.

Other conditions often present are deformities of the bones of the phalanges (arthropathic hypertrophiantes pneumique), cutaneous lesions, indurations in the subcutaneous cellular tissue, cold abscesses, otitis media, excessive sweat-